

## GENERAL NOTES:

ALL DOMESTIC WATER AND WASTE PIPING TO BE RUN IN CRAWLSPACE.

 REFER TO PLUMBING CONNECTION SCHEDULE FOR BRANCH SIZE TAKE-OFFS TO PLUMBING FIXTURES.

3. PROVIDE ACTUATED BALL VALVES ON DOMESTIC WATER PIPES SERVING PATIENT TOILET ROOMS AND SECURITY ROOMS. REFER TO DETAIL 2/P100.

4. PIPE OFFSETS SHOWN ON SHEETS P200 AND P201.5. COORDINATE SOIL DRAIN TILE WITH SHEETS C201 AND C401.

## **KEY NOTES:**

1 BALANCING VALVE - BALANCE TO 0.5 GPM

BALANCING VALVE - BALANCE TO 1.0 GPM

SOIL DRAIN TILE LOCATED 48" BELOW CRAWL SPACE FLOOR. SOIL DRAIN TILE TO BE LAID AT 1/16" SLOPE. SEE SPECIFICATION 334613.

## **DEDUCT ALTERNATE NO. 9 NOTES:**

A. MOVE SOIL DRAIN TILE TO REVISED LOCATION SHOWN ON ARCHITECTURAL PLANS.

100°/0 OWNER REVIEW
100°/0 OWNER CONSTRUCTION
NOT FOR CONSTRUCTION
REVISION DATE



RSP Architects
1220 Marshall Street NE
Minneapolis
Minnesota 55413-1036
612.677.7100
612.677.7499 fax
www.rsparch.com

NOTICE: The designs shown and described herein including all technical drawings, graphics, and models thereof, are proprietary and cannot be copied, duplicated or commercially exploited, in whole or in part, without express written permission of RSP Architects. These are available for limited review and evaluation by clients, consultants, contractors, government agencies, vendors and office personnel only in accordance with this Notice.

© Copyright RSP Architects 2011. All rights reserved.



TS: <u>Structural</u>
Van Sickle, Allen & Assoc.
2955 Xenium Lane N
Suite 10
Plymouth, MN 55441

<u>Civil</u>
EVS

10250 Valley View Road

Suite 113

Eden Prairie, MN 55344

Landscape
Damon Farbar Assoc.
923 Nicollet Mall
Minneapolis, MN 55402

Fire Protection
Gary Travinski Associates
Engineering

94 Boston Hill Larksville, PA 18651-3298

DUNHAM

Dunham Associates, Inc.

50 South Sixth Street / Suite 1100
Minneapolis, Minnesota 55402-1540

PHONE 612.465.7550

FAX 612.465.7551

WEB dunhameng.com
mechanical + electrical
consulting engineering
DUNHAM PROJ # 0410137

me or under my direct	is plan, specification or report was prepared supervision and that I am a duly licensed vs of the State of Minnesota.
Linginieer under the lav	vs of the state of Minifesota.
Signature	

Date 11/17/2011

APPROVED: SERVICE LINE DIRECTOR

DATE:

APPROVED: INFECTION CONTROL NURSE

DATE:

APPROVED: INFECTION CONTROL NURSE

DATE:

APPROVED: DATE:

APPROVED: PATIENT SAFETY

DATE:

APPROVED: CHIEF OF POLICE

APPROVED: DATE:

APPROVED: DATE:

APPROVED: SAFETY MANAGER

DATE:

APPROVED: MEDICAL CENTER DIRECTOR

PROJECT TITLE

LONG TERM / INTERMEDIATE

PSYCHIATRIC UNIT

DATE:

BUILDING No

CHECKED BY
Checker
Author

LOCATION 4801 VETERANS DR. SAINT CLOUD, MN

